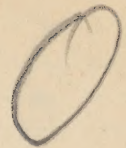


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HEADQUARTERS
MEDITERRANEAN THEATER OF OPERATIONS
UNITED STATES ARMY
Office of the Surgeon
APO 512



7 March 1945

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CIRCULAR LETTER NO. 7

DENTAL SERVICE

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I - RESCISSIONS.

The following circular letters of this office are hereby rescinded:

<u>Section</u>	<u>Circular</u>	<u>date</u>
All	11	13 April 1943
All	30	28 August 1943
All	1	6 January 1944
I & II	6	21 January 1944
IV	25	19 April 1944
V	29	11 May 1944
All	35	20 June 1944
II	46	29 August 1944
IV	58	28 December 1944

II - POLICY.

1. The Dental Service of this theater is organized and the dental personnel distributed to make this service available to all personnel entitled to dental treatment. Dental officers are assigned to all but the smaller units and are provided with the necessary equipment and supplies to care for routine operative and treatment needs.

2. a. The demand upon the dental service is heavy, but with the willing and enthusiastic cooperation of all, the demand can be met. Although a satisfactory volume of work is required and expected, the dental policy must, at all

R E S T R I C T E D

times, stress quality of work rather than quantity. The quantity desired will automatically be reached if each dental officer practices sound dentistry and is busily employed during reasonable hours of duty.

b. The satisfactory practice of dentistry in this theater will be judged on two fundamental requirements:

(1) sound dentistry.

(2) An honest effort during reasonable hours of duty.

c. The following practices will not be employed:

(1) The establishment of a minimal number of operative procedures to be performed within a stated period.

(2) The tabulation of unit reports and the distribution of such tabulated reports to other units for comparative purposes.

(3) The establishment of any policy which tends to create a competitive attitude in reference to quantity of work performed.

d. A study of daily work sheets, monthly reports and clinical records will be made by the officers charged with the responsibility of supervising dental services. From these reports the honest endeavors and qualitative accomplishments of dental officers in this theater will be judged.

3. All dental personnel will be utilized to the fullest extent in the accomplishment of dental duties and specialization must not be practiced in such a manner as to reduce the effectiveness of the dental service. Dental members of maxillofacial teams will, as a rule, be occupied in that particular phase of dentistry only a limited portion of their time. When not so occupied, such personnel should be on duty in the organization dental clinic performing routine dental procedures. In small groups of dental officers the duties of the senior member or chief are not considered mainly administrative. A well-organized clinic of this type requires little time for administration, and all officers should be available for the routine practice of dentistry.

4. dental prosthetic laboratory facilities are available in all general, station, convalescent and evacuation hospitals, general dispensaries, and medical battalions.

5. Great care should be exercised to prevent the evacuation of military personnel to medical units solely for dental treatment. Hospitalization will be necessary for injuries and pathological conditions but should seldom occur for routine dental procedures, including the construction of dentures, bridges, etc. When this work is done by a hospital unit it should be accomplished on an out-patient status. If, because of unusual circumstances, it becomes necessary to hospitalize a patient for construction of dentures this will be done by the first installation to which the patient is admitted. The patient will not be evacuated to a rearward installation. prompt dental treatment of such cases must be instituted and given priority over routine dental treatment so that discharge will not be delayed. Laboratory equipment now authorized for division,

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corps, and army medical battalions, will be used to construct and repair dentures and bridges within the aforementioned organizations and is adequate to preclude the evacuation of troops from forward areas for prostheses. In staging, training, and rest areas, the laboratory facilities of hospitals adjacent thereto will be made available to augment dental service to the maximum capacity.

III - ORGANIZATIONS WITHOUT DENTAL OFFICERS.

1. Smaller organizations, to which no dental officer is assigned, must depend upon adjacent hospitals for the dental treatment of their command. The various hospitals and general dispensaries in the Theater must accept this undertaking, which should not end with the care of those who voluntarily present themselves for treatment but should include, as well, periodic dental surveys of these organizations to detect dental deficiencies.

2. The responsibility for the dental treatment of personnel in units not provided with assigned or attached dental officers rests with the surgeon of that unit. Dental treatment for such organizations may be accomplished by an informal arrangement with an adjacent unit having dental personnel or by contacting the surgeon of the base section in which the unit is located. In the latter case the base section surgeon should designate a unit to provide the necessary dental care and should inform the unit designated. When the dental service of an organization has been so designated it should make a careful survey of the unit in question and proceed in a systematic manner to accomplish the necessary work revealed.

IV - DENTAL CLASSIFICATION.

1. Change 1, AR 40-510, dated 10 September 1942, requires that persons with insufficient teeth to masticate the army ration be placed in class I. To facilitate the study of the prosthetic situation in this Theater, it is desired that these cases be designated as class I-D in order to segregate them from other conditions necessitating class I designation. It is difficult to establish a standard as to the minimum teeth required to masticate the army ration due to the various oral conditions encountered. However, the former Mobilization Regulations may be used as a guide. These required, for general military service, the presence of three bicuspids or molars above and three below, so opposed, as to suit the purpose of mastication, and three incisors or cuspids above and three below, so opposed, as to suit the purpose of incision. Soldiers who have these minimum dental requirements should be placed in class III and replacements constructed when all class I-D cases of the command and adjacent units have been completed. persons who have sufficient teeth, but who have lost anterior teeth, should also be placed in class III. From an esthetic and morale standpoint every effort should be made to replace missing anterior teeth, particularly if they have been lost while in the military service. Fixed bridge work is favored for one or two tooth anterior replacements where no posterior teeth are involved.

2. The monthly Report of Dental Service, MD Form 57, will show the classification of military personnel. Surveys should be kept up to date so that these monthly figures may be relatively accurate. The class I column should carry two entries, that is, class I and class I-D. Extreme accuracy in the latter will aid in planning and carrying forward a comprehensive prosthetic program for the Theater.

V - DENTAL MATERIAL.

1. Frequently it is necessary to replace or to remove from the mouths of Army dental patients fillings, crowns, bridges, and other dental appliances (hereinafter referred to as appliances) which were installed at the expense of the individual patient. The patient's recorded statement that such appliances were installed at his expense will be accepted. Whenever such appliances contain metals or materials of value they will be offered to the patient and that fact recorded on WD AGO Form 8-116 (formerly WD MD Form 79) to include estimated weight, type of material, and type of appliance (inlay, bridges, denture, etc.) and initialed by the pertinent dental officer. A dated statement of acceptance or nonacceptance signed by the patient will be made on or attached to WD AGO Form 8-116. Final disposition of these materials, whether declined or accepted by the patient, will be recorded on WD AGO Form 8-116 and initialed by the pertinent dental officer. Scrap metals and materials not accepted by the patient will be turned in to the medical supply officer and then to the salvage officer for disposition in accordance with paragraph 6d, AR 40-1705.

2. Metals of value in appliances constructed at the expense of the Government and which are subsequently removed from the mouths of Army dental patients will be disposed of in accordance with paragraph 6d, AR 40-1705.

3. All items of dental gold listed in the Medical Department supply Catalog will be issued by the unit medical supply officer to the dental officer as required, on MD Form 16a (Issue Slip, expendable medical property), and dropped from accountability as are other expendable items. The dental officer at each unit will maintain a case by case record of all this type of material used during the month in a manner similar to that prescribed for alcohols and narcotics by par. 17b(2), AR 40-590. This record will bear the responsible dental officer's certificate as to its correctness and will be subject to the same monthly inspection and verification, by a disinterested Medical Department officer, as are alcohols and narcotics. Items of dental gold will be kept in a locked container at all times when not actually being used in the processing of cases, and the dental officer in charge will use all precautionary measures consistent with efficient operation of his clinic and in the safeguarding of such material.

4. A limited number of acrylic kits (Hu-Lon) have been distributed to general and station hospitals and general dispensaries. These kits are special issues and are not standard items of medical supply. The use of this material will be limited to the construction of acrylic jacket crowns and is not authorized for the construction of inlays and bridges. The conservative and economical expenditure of the contents of these kits is essential as a limited supply only of refills are available.

VI - REQUISITION OF TEETH.

1. To simplify the procurement and issue of item No. 56120, Teeth, vulcanite, the basic molds which will be requisitioned for this Theater have been reduced. In the future the following molds only will be stocked in MTOUSA depots.

Upper Anteriors

Molds 115, 123, 124, 134, 135S, 155, 225, 234, 265, 266, 314, 335 and 346.

R E S T R I C T E D

Lower Anteriors

Molds 22, 23, 33, 34 and 45.

Upper and Lower Posteriors

Molds 30M, 30L, 31M, 31L, 32M, 32L, 33M and 33L.

2. Certain molds and shades remaining in stock will be issued in lieu of all the above until the stock is exhausted in accordance with the Substitution Chart as shown below.

3. Units should place requisitions for teeth in accordance with the molds listed above and for shades 41, 43, 46, 49, 52, 55 and 57 only. To provide a basis for intelligent requisitioning each laboratory must keep an accurate record of the exact molds and shades used. If it is necessary to use an undesirable mold or shade the record should be of the desired mold or shade so that the future requisition will be for those teeth which would have been used if available. When a 1x6 or 1x8 set is broken it should be recorded as used and listed for replacement but future usage from such broken sets should not be recorded. By the preparation of such records a given unit can easily determine their level of supply in the proper proportion of set, mold and shade.

4. When a requisition is prepared by a unit the record of sets consumed should form the basis for the preparation of the requisition but the Substitution Chart below should be utilized so that the molds requested conform to the basic molds. For example, Mold 324 does not appear in the basic list but is the first choice as substitute for Mold 234, thus, Mold 234 should be requisitioned. For a period of time many substitutions must be made to consume theater stocks of molds which are not included in the basic molds.

SUBSTITUTION CHART FOR TEETH, VULCANITE

<u>Basic Mold</u>	<u>substitutions (in order of preference)</u>
<u>Upper Anteriors</u>	
115	116, 265, 266
123	263, 244, 333
124	264, 214, 334
134	133S, 224
135S	155, 225S, 225, 275
155	135S, 225S, 225, 275
225	155, 275, 135S, 225S
234	324, 124, 233, 264
265	115, 126, 335, 266
266	126, 235
314	335, 324, 214
335	314, 214
346	226S, 275, 155

Lower Anteriors

22	32, 31, 33
23	33, 22, 24, 43
33	44, 23, 34
34	45, 46, 24
45	45S, 44, 34

Upper and Lower posteriors

30M	30L, 30S, 29M, 29L, 29S, 31M, 31L, 31S
30L	30S, 30M, 29M, 29L, 31M, 31L
31M	31L, 31S, 30M, 30L, 30S, 32M, 32L, 32S
31L	31S, 31M, 30M, 30L, 32M, 32L
32M	32L, 32S, 31M, 31L, 31S, 33M, 33L, 33S
32L	32S, 32M, 31M, 31L, 33M, 33L
33M	33L, 33S, 32M, 32L, 32S, 34M, 34L, 34S
33L	33S, 33M, 32M, 32L, 34M, 34L

5. The forms previously in use for the requisitioning of teeth and facings will continue to be used.

VII - DENTAL IDENTIFICATION RECORD FOR ALL FLYING PERSONNEL.

Circular Letter No. 7, WD SGO, 2 January 1943, subject as above, is herewith reproduced for compliance by all concerned, within the limits of this Theater:

"1. A complete Dental Identification Record for all flying personnel, including airborne troops and officers, in the military service will be made out by a dental officer on WD AGO Form 8-116 (formerly WD MD Form 79).

"2. On the face of this form, the information in sections one (1) to nine (9) will be completed. Sections 10, 11, and 12 will not be used, and the words 'Dental Identification Record' will be written diagonally across sections 10, 11, and 12.

"3. a. The reverse side of this form will be completed in detail, giving special attention to the chart on the upper half. All dental filling operations present in the mouth will be recorded. First, the surfaces involved will be entered, using abbreviations authorized in AR 40-1010, par. 6. Under the surfaces involved, enter the authorized abbreviation for the filling material used. Caries will be recorded by a large oval filling the entire square, with the involved tooth surfaces indicated by the appropriate letters inside the oval. Missing teeth will be indicated by 'X' in the square and nonrestorable carious teeth by a diagonal across the square. Bridges, dentures, and other prosthetic appliances will be entered, using the key indicated on the lower part of the reverse side of the form.

b. In the space below 'Other conditions' enter a detailed description of all prosthetic appliances. Any abnormalities or unusual conditions should be concisely recorded in this space. This form shall be dated and signed by the examining dental officer.

"4. In accordance with WD Circular No. 414, 19 December 1942, par. 2 the Dental Identification Record for enlisted flying personnel, including air-borne troops, will be transmitted to the unit commander of each individual concerned, for attachment to the Soldier's Service record. For flying officers this record will be made a part of the individual's Flight Surgeon's Record which accompanies all flying officer personnel on change of station. All air-borne officers will have this record accompany the Officer's and Warrant Officer's Qualification Card, WD AGO Form No. 66-1, 1 February 1942, on change of station. For aviation cadets and others in the military service receiving flying training this record will accompany each such individual's physical examination for flying (WD AGO Form No. 64) to the schools attended while undergoing such training.

"5. All subsequent dental operations after the initial examination will be recorded on the Dental Identification Record, WD AGO Form 8-116. The Surgeon will be responsible that the latest changes in the dental condition of the flying personnel are recorded on the WD AGO Form 8-116."

VIII - DENTURES.

1. Records of dentures.

Attention is invited to change 17 of AR 345-125 dated 13 August 1943.

a. This change requires a brief description of dentures and other dental prosthetic appliances, with date of issue, as an entry in the service record of the soldier concerned.

b. Each dental clinic upon completion and insertion of a dental prosthetic appliance will forward to the organization commander concerned the required data for this entry.

2. Identification of full Acrylic Dentures.

a. All new full dentures, uppers as well as lowers, will have the name and army serial number placed on the appliance before insertion in the manner outlined below.

b. Full dentures which are relined, rebased, or repaired, in the future, will have the name and army serial number placed on the prosthetic appliance, if such has not already been accomplished.

c. Technique.

(1) The materials necessary for this operation are thin onionskin paper, carbon paper, typewriter, and a strip of metal approximately 1/32 inch in thickness. The procedure is as follows:

(a) The onionskin paper is used as the original sheet and the carbon paper (reversed) as the second sheet. The carbon print will thereby be transferred to the back of the onionskin paper.

(b) After the case is prepared and packed with acrylic in the usual manner, the thin strip of metal is placed in a convenient area on the palate or lingual flange (tissue side), and a trial closure is made.

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(c) The flask is opened, and the thin strip of metal is then removed. The typed onlenskin paper strip is moistened with water and carefully placed in the space occupied by the strip of metal.

(d) A thin layer of clear acrylic is then placed over the typed onlenskin paper, the flask carefully closed, and the case processed.

(2) The second technique which can be accomplished in the laboratory is as follows: The patient's name and army serial number are typed on tin-foil, using the stencil key against a reversed carbon paper (the reversed carbon paper becomes a second sheet). The carbon side of the foil then is placed down on the palatal side or lingual flange (tissue side) of the flaked denture at the time of the final trial pack of the soft acrylic. The denture is then cured with the foil in place, and the foil removed after the cast has been processed.

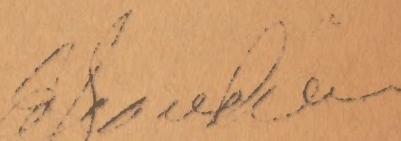
3. Return of dentures to Patients.

a. It has been reported that patients are arriving in the United States who have lost their dentures while passing thru various overseas medical installations. Information indicates that these men were relieved of their dental appliances when taken to surgery and that these dentures were not returned to the patients. One United States hospital reported thirty cases were received in one week - all of whom had had dentures removed in overseas hospitals and not returned.

b. Artificial dentures should be considered in the same manner as other personal valuables of the patient and when taken from him should be safeguarded and returned in the prescribed manner.

All dental officers in MTOUSA will be conversant with the provisions of this circular.

For the SURGEON:


E. STANDLETT,
Colonel, M.C.,
Deputy Surgeon.

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